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CONFIRMATION NO. 4747

Bib Data Sheet

SERIAL NUMBER 10/659,698	FILING OR 371(c) DATE 09/11/2003 RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. NIH297.1C1C1C1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/865,717 05/29/2001 ABN  
 which is a CON of 08/944,512 10/06/1997 ABN  
 which is a CON of 08/222,952 04/05/1994 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/03/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

**ADDRESS**

20995

**TITLE**

ANTIBACTERIAL THERAPY WITH BACTERIOPHAGE PHYSICO-CHEMICALLY ALTERED BY PEGYLATION  
 TO DELAY INACTIVATION BY THE HOST DEFENSE SYSTEM

CCWC  
 10-26-07

FILING FEE RECEIVED 1162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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